

Partnership Current Account application form

Please complete this form in BLOCK CAPITALS and black ink.

Your information

We collect and process various categories of personal and financial information throughout your relationship with us, to allow us to provide our products and services and to run our business. For more information about how we use your personal information, the types of information we collect and process and the purposes for which we process personal information, please read our Privacy Notice provided on our website at iombank.com/global/privacy-notice.html.

We may update this from time to time and would encourage you to visit our website regularly to stay informed of the purposes for which we process your information and your rights to control how we process it.

1. Business details

Business/Entity Name		
Trading name and aliases (if different)		
Principal trading address Line 1		
Address line 2		
Address line 3		
Address line 4		
Postcode		
Registered address (if different to trading address)		
Address line 1		
Address line 2		
Address line 3		
Address line 4		
Postcode		
Address for correspondence (if different to trading/registered address)		
Address line 1		
Address line 2		
Address line 3		
Address line 4		
Postcode		
Contact name for correspondence		
Business telephone number		extn <input type="text"/>
Business Fax number		
Business email address		
Date of registration/formation	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	

Country of registration/
formation

Registration number

When did/will your business/entity start trading?

Are your business premises owned or leased?

Owned ☐ Leased ☐

Has the Entity Tax Classification Form been completed and attached with this application?

Yes ☐ No ☐

Please confirm if the entity has tax arrears or legal proceedings outstanding or has ever been insolvent, bankrupt or had any court proceedings for debt?

Yes ☐ No ☐

Tax residency - please list below the countries in which the business is resident for tax purposes and provide the corresponding tax reference numbers or local equivalent.

Country

Tax reference number

Is the business tax resident in more than 2 countries?

Yes ☐ No ☐

Actual/anticipated* annual sales turnover/expenditure*

£ *delete as appropriate

Actual/anticipated* net profit before tax

£ *delete as appropriate

Financial year-end date

Your Employees

How many are full time?

How many are part time?

2. Relationship Information

Please provide full answers to each of the questions below, do not leave text boxes blank. Your application may be delayed if you do not complete as requested.

Business activity and ongoing source of funds

Please provide a detailed description of the nature/purpose of business. For example:

- Within which business sector do you trade?
- What Products and Services are offered?

Please provide details of the following activity expected through the account(s) on a monthly basis:

- % value of Cash and/or other credits e.g. Electronic, Direct Debit, Standing Order, Point of Sale, Cheque
- Number of transactions
- Value of transactions

Where the business is trading

Does the entity deal outside the UK?

Yes ☐ No ☐

If "Yes", please state in which country your main business/activity is located

Please state all countries where you hold material business assets

Please state the main countries from where you receive payments (eg; where your customers are based)

Please state the main countries to which you make payments (eg; where your suppliers are based)

Initial deposit

Please provide details of the source of funds to be introduced into the account(s) and advise on;

- The amount of initial deposit
- How these funds were generated (including cash deposits), together with details of source and location they will be remitted from
- If funds are not coming from an account in your own name, please provide rationale and your relationship to the third party
- Details of any funds that are expected to be received in the future

Deposit amount

Bank name

Account name(s)

Account number

Sort code

IBAN

SWIFT/BIC

Please provide details of where wealth originated i.e. savings from earnings* (please state time period), sale of property*, inheritance* etc, how contribution to start up business has been generated.

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If the partnership is not incorporated or operating in the jurisdiction where the account is to be domiciled, please provide an explanation for the account.

Your information

*If no person owns 25% or more, please ensure details are provided of any other person who is able to exercise significant influence or control over the day-to-day running of the business.

Name	
Capacity	
% ownership/control	

Name	
Capacity	
% ownership/control	

Name	
Capacity	
% ownership/control	

Yes ☒ No ☐

Party one

Are you an existing Isle of Man Bank personal account holder?

Yes ☒ No ☒

If yes, please provide

Account number Sort code

Title

Mr ☒ Mrs ☒ Miss ☒ Ms ☒ Other ☒ If other, please specify

Surname

First name(s)

Middle name(s)

Previous names (including maiden name or change by deed poll)

Are you known by any other name?

Yes ☒ No ☒ If yes, please specify

Principal residential address line 1

Address line 2

Address line 3

Address line 4

Postcode

Date of entry to above address

If resident at above address less than 3 years please state previous address

Previous address line 1

Address line 2

Address line 3

Address line 4

Postcode

Date of entry to above address

If you have lived at any other addresses in the last 3 years, please advise a member of staff

Date of birth

Gender Identity

Male ☒ Female ☒ Other ☒ If other, please specify*

*For Isle of Man account holders, the stated Gender Identity must match your government issued identity (e.g. passport / driving licence) used for verification purposes.

Country of birth

Town of birth

Country of permanent residence

Government issued personal identification number of unique identifier (e.g. passport, driving licence etc.)

Nationality

Document type

ID number

Expiry date

Other nationalities/
citizenships

UK National Insurance
Number (or equivalent)

Do you have more than 2 nationalities/citizenships?

Yes ☐ No ☐

If 'Yes', please provide the additional information to your usual contact at the Bank.

Country

Tax reference number

Are you tax resident in more than 2 countries?

Yes ☐ No ☐

If 'Yes', please provide the additional information to your usual contact at the Bank

Telephone number (home)

Telephone number
(business) extn

Mobile telephone number

Email address

Memorable word (Please choose a memorable word of no more than 15 characters.
This may be used to confirm certain transactions)

When did you become the
owner of your business?

Time in line of business

Have you ever been insolvent, bankrupt, sequestered, involved in any court proceedings for debt or made arrangements with your creditors?

Yes ☐ No ☐

If yes, please provide full details on a separate sheet.

Do you wish to receive a Business Debit card for use on this account?

Yes ☐ No ☐

If yes, please ensure the authority at the end of this application has been completed.

Do you wish to access this account(s) using our online banking service?

Yes ☐ No ☐

If yes, please ensure the authority at the end of this application has been completed.

Declaration and signature(s)

I confirm the personal details provided are complete and correct ☐

Party one signature

Date

Party two

Are you an existing Isle of Man Bank personal account holder?

Yes ☐ No ☐

If yes, please provide

Account number Sort code

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ If other, please specify

Surname

First name(s)

Middle name(s)

Previous names (including maiden name or change by deed poll)

Are you known by any other name?

Yes ☐ No ☐ If yes, please specify

Principal residential address line 1

Address line 2

Address line 3

Address line 4

Postcode

Date of entry to above address

If resident at above address less than 3 years please state previous address

Address line 1

Address line 2

Address line 3

Address line 4

Postcode

Date of entry to above address

If you have lived at any other addresses in the last 3 years, please advise a member of staff

Date of birth

Gender Identity

Male ☐ Female ☐ Other ☐ If other, please specify*

*For Isle of Man account holders, the stated Gender Identity must match your government issued identity (e.g. passport / driving licence) used for verification purposes.

Country of birth

Town of birth

Country of permanent residence

Government issued personal identification number of unique identifier (e.g. passport, driving licence etc.)

Nationality

Document type

ID number

Expiry date

Other nationalities/
citizenships

UK National Insurance
Number (or equivalent)

Do you have more than 2 nationalities/citizenships?

Yes ☐ No ☐

If 'Yes', please provide the additional information to your usual contact at the Bank.

Country

Tax reference number

Are you tax resident in more than 2 countries?

Yes ☐ No ☐

If 'Yes', please provide the additional information to your usual contact at the Bank.

Telephone number (home)

Telephone number (business) extn

Mobile telephone number

Email address

Memorable word (Please choose a memorable word of no more than 15 characters.
This may be used to confirm certain transactions)

When did you become the
owner of your business?

Time in line of business

Have you ever been insolvent, bankrupt, sequestrated, involved in any court proceedings for debt or made arrangements with your creditors?

Yes ☐ No ☐

If yes, please provide full details on a separate sheet.

Do you wish to receive a Business Debit card for use on this account?

Yes ☐ No ☐

If yes, please ensure the authority at the end of this application has been completed.

Do you wish to access this account(s) using our online banking service?

Yes ☐ No ☐

If yes, please ensure the authority at the end of this application has been completed.

Declaration and signature(s)

I confirm the personal details provided are complete and correct ☐

Party two signature

Date

Party three

Are you an existing Isle of Man Bank personal account holder?

Yes ☐ No ☐

If yes, please provide

Account number Sort code

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ If other, please specify

Surname

First name(s)

Middle name(s)

Previous names (including maiden name or change by deed poll)

Are you known by any other name?

Yes ☐ No ☐ If yes, please specify

Principal residential address line 1

Address line 2

Address line 3

Address line 4

Postcode

Date of entry to above address

If resident at above address less than 3 years please state previous address

Address line 1

Address line 2

Address line 3

Address line 4

Postcode

Date of entry to above address

If you have lived at any other addresses in the last 3 years, please advise a member of staff

Date of birth

Gender Identity

Male ☐ Female ☐ Other ☐ If other, please specify*

*For Isle of Man account holders, the stated Gender Identity must match your government issued identity (e.g. passport / driving licence) used for verification purposes.

Country of birth

Town of birth

Country of permanent residence

Government issued personal identification number of unique identifier (e.g. passport, driving licence etc.)

Nationality

Document type

ID number

Expiry date

Other nationalities/
citizenships

UK National Insurance
Number (or equivalent)

Do you have more than 2 nationalities/citizenships?

Yes ☐ No ☐

If 'Yes', please provide the additional information to your usual contact at the Bank.

Country Tax reference number

Are you tax resident in more than 2 countries?

Yes ☐ No ☐

If 'Yes', please provide the additional information to your usual contact at the Bank.

Telephone number (home)

Telephone number
(business) extn

Mobile telephone number

Email address

Memorable word (Please choose a memorable word of no more than 15 characters.
This may be used to confirm certain transactions)

When did you become the
owner of your business?

Time in line of business

Have you ever been insolvent, bankrupt, sequestrated, involved in any court proceedings for debt or made arrangements with your creditors?

Yes ☐ No ☐

If yes, please provide full details on a separate sheet.

Do you wish to receive a Business Debit card for use on this account?

Yes ☐ No ☐

If yes, please ensure the authority at the end of this application has been completed.

Do you wish to access this account(s) using our online banking service?

Yes ☐ No ☐

If yes, please ensure the authority at the end of this application has been completed.

Declaration and signature(s)

I confirm the personal details provided are complete and correct ☐

Party three signature

Date

Isle of Man Bank would like to keep you informed about products, services and offers that we believe may be of interest to you. If you would prefer not to receive this information by any or all of the methods below, please place a cross in the relevant boxes (if you leave these boxes blank we will assume that you are happy to be contacted by these methods):

Isle of Man Bank will not share your information with third parties for their own marketing purposes without your permission.

Notwithstanding your marketing choices above, we will contact you with information relevant to the operation and maintenance of your account by a variety of means including online banking, mobile banking, email, text message, post and/or telephone.

By making this application the Partnership confirms that you have read and understood how we may use your information in the way described in this form and in the associated Privacy Notice.

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Debit card Partnership Mandate

We _____
(Insert full names of Partners)

being the partners of _____
(Insert full name and address of Partnership)

(hereinafter called 'the Partnership') apply for a debit card(s) together with relative Personal Identification Number(s) to be issued to any one or more of us for use on the Partnership

Account number _____

We also agree and accept the following:

- Isle of Man Bank ('the Bank') should be asked to issue the number of cards (and any cards which renew, supplement or replace them) (each with a PIN number) detailed on the application form. The same person(s) may request changes in daily or weekly cash machines limits.
- The Non-Personal Terms (Non-Personal Terms - Card conditions) provided by the Bank.
- The Business Debit card will have a cash withdrawal facility and Debit card facility and can be used in accordance with the Business Debit card User Guide as:
 - An ATM card to obtain cash from cash machines (both in the United Kingdom, Channel Islands, Isle of Man and abroad) or concurrently with a Debit card purchase as part of an overall transaction; and
 - A payment or debit card to pay for goods and services (in the United Kingdom, Channel Islands, Isle of Man and abroad) both where a signature or PIN number is required to give authority for a purchase and where payment for goods and services can be effected where a signature or PIN number is not required e.g. ordering goods over the telephone or by mail order.
- When used as a payment or debit card, including debit card purchases combined with a concurrent cash withdrawal, the limit on the amount of funds which can be used will be the amount of available funds which may be in place on the account nominated on the debit card or application form. Available funds are the amount of cleared funds held on the nominated account and any agreed overdraft facility.
- When used to obtain cash from cash machines, the amount of cash available will be restricted to that particular card's agreed limit (in amount and time) or the available funds which ever is lower.
- Any account of the Partnership for the time being may be debited as a result of card use. If, in breach of the Terms and Conditions, card use results in an unarranged overdraft the Partnership nevertheless accepts liability for any such overdraft.
- It is accepted that any card can be used so as to order cheque books and statements and to obtain details of the balance on an account.
- This application is in addition to and does not affect the Partnership's existing mandate to the Bank. The Bank may continue to rely upon this resolution until revoked in writing by a suitably authorised notice to the Bank.

*Delete as appropriate

Debit card/Application Form should be signed by the person(s) named by this agreement and in accordance with the mandate operating the account.

We certify that the above Partnership mandate is granted.

Dated this _____ day of _____ (month) _____ (year)

(Each partner to sign his/her individual name here)

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

If there are more than three parties to the account please also complete the Debit card Partnership mandate.

Online and Telephone Banking for Partnerships Mandate

To apply for Online and Telephone Banking print off and complete the application form. A separate application must be made for each person who is to be given access to Online Banking. We can only accept applications from customers aged 16 or over.

Partners and officials agreement

I/We _____

Full name of business/organisation

being the partners of

Full address of business/organisation

Address line 2

Address line 3

Address line 4

Postcode

I/We wish to use Isle of Man Bank Online Banking.

I/We agree that the Authorised User ('Authorised User') described within this application form can access our business account(s) using Isle of Man Bank Online Banking ('the service') in accordance with the Isle of Man Bank Online Banking Terms and Conditions.

I/We agree for and on behalf of the business to be bound by these Terms and Conditions.

I/We acknowledge that the Authorised User may be using the service for their personal accounts as well.

I/We acknowledge that, by allowing the Authorised User to set up his/her personal accounts on the service, the Authorised User would have the ability to use the service to make transfers from the accounts of the business to his/her personal accounts.

If two or more people are named as signatories in respect of any account, the Bank is authorised, when providing Isle of Man Bank Online Banking, to accept and act upon verbal and electronic instructions authorising account withdrawals given by any one of the persons named as signatories.

We agree that if an account provides for more than one signatory, and the existing instructions for operations on the account do not permit any one person to operate the account alone, we hereby authorise the Bank to accept the instructions (whether verbal or electronic) of the Authorised User alone in respect of all matters relating to the operation of the account(s) by means of Isle of Man Bank Online Banking.

We certify that the above Partnership mandate is granted.

Dated this _____ day of _____ (month) _____ (year)

(Each partner to sign his/her individual name here)

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

If there are more than three parties to the account please also complete the Debit card Partnership mandate.

The Royal Bank of Scotland International Limited trading as Isle of Man Bank (Isle of Man Bank). Registered Office: Royal Bank House, 71 Bath Street, St Helier, Jersey JE4 8PJ. Tel. 01534 282850. Regulated by the Jersey Financial Services Commission.

Isle of Man business address: 2 Athol Street, Douglas, Isle of Man, IM99 1AN. Tel. 01624 637000. Licensed by the Isle of Man Financial Services Authority in respect of Deposit Taking, Investment Business and registered as a General Insurance Intermediary.

Isle of Man Bank is a member of the Isle of Man Depositors' Compensation Scheme (DCS) as set out in the Depositors' Compensation Scheme Regulations 2010. To understand your eligibility under the scheme you may wish to visit iomfsa.im/consumer-material/isle-of-man-depositors-compensation-scheme-dcs/.

Isle of Man Bank is a member of NatWest Group. NatWest Group plc - Registered in Scotland No 45551. Registered office: 36 St Andrew Square, Edinburgh EH2 2YB. The latest report and accounts are available at investors.natwestgroup.com. Isle of Man Bank places funds with other parts of NatWest Group and thus its financial standing is linked to the Group. Depositors may wish to form their own view on the financial standing of Isle of Man Bank and the Group based on publicly available information. The latest report and accounts are available at rbsinternational.com/financial-results.

Customers are advised that Isle of Man Bank is part of NatWest Group plc ("NatWest Group"). NatWest Group companies in the UK and elsewhere provide support for our Online Banking service and can access your account data.

If you are not satisfied with any of our products or services, we have a complaints procedure that you can use. A leaflet, giving details of the procedure, is available from your branch upon request.

Calls may be recorded.